PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		No. F	PF343P1D1				
First Inventor		Guo-l	Guo-Liang Yu				
Title	NEUTROKINE-α						
Express Mail Label No.							

(Only for new nonprovisional applications under 37 CFR 1.53(b))		ress Mail Label No.			-		
APPLICATION ELEMEN See MPEP chapter 600 concerning utility patent a	ADDRESS TO:	MS Patent Application					
5. Oath or Declaration [Total a. Newly executed (original or copy) b. X Copy from a prior application (37 CF (for continuation/divisional with Box 18 or i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior applic see 37 CFR 1.63(d)(2) and 1.33(b). 6. X Application Data Sheet. See 37 CFR 1.7	Sheets 9 Sheets 2 FR 1.63(d)) ation, 6 propriate box, and su	8. Nucleotide and/o (if applicable, all a. Computer b. Specification S i. CD c. Statement 9. X Assignment 10. 37 CFR 3.73 (when there 11. English Trar 12. Information Statement (I 13. Preliminary 14. X Return Rece (Should be statement 15. Certified Co (if foreign prior 16. Nonpublication Applicant mid 17. Other: Setate Information Statement (I 15. Certified Co (I 16. Nonpublication Applicant mid 17. Other: Setate I 1.8	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. X Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. X Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. X Return Receipt Postcard (MPEP 503) (Should be specifically iternized) 15. Certified Copy of Priority Document(s) (if toreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only Box 5b, is considered a part of the disclosure of the		sure of the prior application,					
		PONDENCE ADDRESS					
X Customer Number:		22195	OR _	Correspondence address b	elow		
Name							
Address							
City	State		Zip Code				
Country	Telephon	9	Fax				
Name (Print/Type) Michele Shann		Registration No. (A	Attorney/Agent)	47,075			
Signature Michele	Shanne	~	Date	December 16, 2003	3		

CCC TO A MORAITTAI		Complete if Known						
FEE TRANSMITTAL	. [Application Number Not Yet Assigned				ssigned		
for FY 2004		Filing Date (Concurrently Herewith			
	First Named Inventor			Guo-Liang Yu				
Effective 10/01/2003, Patent fees are subject to annual revision.		Exami	iner i	Name		Not Yet A	ssigned	
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			N/A			
TOTAL AMOUNT OF PAYMENT (\$) 1,082.00		Attom	ey D	ocket No).	PF343P1	D1	
METHOD OF PAYMENT (check all that apply)				FEE	CALCUL	.ATION (∞r	ntinued)	
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Name	1052	50	205	2 25		- late provisio	nal filing fee or cover	
The Director is authorized to: (check all that apply) X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	3 120	sheet.	h specification		
Charge any additional fee(s) during the pendency of this					•	h specification	$\vdash \vdash \vdash$	
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1002 340 2002 170 Design filing fee	1401	330 330	240		Notice of A	•	f an anneal	\vdash
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	250	1 665	Utility issue	fee (or reissu	ie)	
Extra Fee from Claims below Fee Paid	1502	480	250	2 240	Design issu	ue fee		<u>[</u>
Total Claims 23 -20** = 3 x 18.00 = 54.00	1503	640	250	3 320	Plant issue	fee		
Independent 6 -3** = 3 x 86.00 = 258.00	1460	130	146	0 130	Petitions to	the Commiss	ioner	
Multiple Dependent	1807	50	180	7 50	Processing	fee under 37	CFR 1.17(q)	
Large Entity Small Entity	1806	180	180	6 180			n Disclosure Stmt	
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1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1801		280			37CFR 1.129 r Continued E	(b)) xamination (RCE)	
over original patent	1802		180		Request fo	r expedited ex	• •	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	of a design application Other fee (specify)							
SUBTOTAL (2) (\$) 312.00				Filina Fee	Paid	SUBTO	TAL (3) (\$)	
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)						
SUBMITTED BY (Complete (if applicable))								
Name (Print/Type) Michele Shannon		stration No. 17 075 Telephone (240) 314-4400 Y), x2372			
Signature Mille Ra Sacrano	■ (Allom	ey/Agent)	, 1			Date	December 16,	